## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organiz	ations or limited lia	ability companies app	olying for a license	to sell fermented a	malt beverages and/or intoxicating ent must be signed by the officer(s)
of the corporation/organ	nization or member	ers/managers of a 1	imited liability com	pany and the rec	ommendation made by the proper
local official.	Town				
To the governing body		of		County of	
	☐ City			-	
The undersigned duly a	uthorized officer(s)	Vmembers/manager	s of		
The analogned daily a	anonzed omeer(e,	, momboro, manager	(registered	name of corporation/org	ganization or limited liability company)
					nse for a premises known as
		-	trade name)		
located at					
appoints					
<u></u>		(name c	of appointed agent)		
w		(home addr	ess of appointed agent)		
to act for the corneration	n/organization/limite				remises and of all business relative
to alcohol beverages co organization/limited liab	inducted therein. Is	applicant agent pres	sently acting in tha	t capacity or reque	esting approval for any corporation/
Yes No	If so, indicate the o	corporate name(s)/lim	nited liability compa	any(ies) and munic	ipality(ies).
Is applicant agent subje	ct to completion of	the responsible beve	rage server fraining	g course?	∕es ∏ No
How long immediately p					L
		approductive at	ppilodiit agoit (Coll	aca continuously ii	T V VIGOOTIGHT?
Place of residence last	year 				
	For:	(nam			
				ation/limited liability co	mpany)
	Ву:		(signature of Office	er/Member/Manager)	
	And:				
			(signature of Office	er/Member/Manager)	
		ACCEPT	ANCE BY AGENT		
I.				hereby acce	pt this appointment as agent for the
1	(print/type	agent's name)		, nereby acce	preside appointment as agent for the
corporation/organization beverages conducted o	n/limited liability con the premises for	ompany and assume the corporation/orga	e full responsibility anization/limited lia	y for the conduct bility company.	of all business relative to alcohol
					Agent's age
	(signature of agent)			(date)	
	(hon	ne address of agent)			Date of birth
	AP	PROVAL OF AGEN			
Thomashir we want		lerk cannot sign or			
I hereby certify that I hat the character, record ar	ve checked munic nd reputation are s	ipal and state crimina atisfactory and I hav	al records. To the l e no objection to tl	best of my knowled he agent appointed	dge, with the available information, d.
Approved on	by		roper local official)	Title	
(date	e) 	(signature of p	roper local official)		(town chair, village president, police chief)
					7710

AT-104 (R. 4-09)